

GEOCACHE IDENTIFICATION FORMRequest for the placement of a geocache on lands administered by the
DCNR-Bureau of State Parks and Bureau of Forestry

RESPONSIBLE PARTY'S contact information:

Date: _____

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone: (home) _____ (work) _____

E-mail address: _____

The RESPONSIBLE PARTY desires to place a geocache at the following location(s) in
_____ State Park/State ForestType of Cache: ☐ Traditional ☐ Multi-cache ☐ Letterbox ☐ Virtual/Waymark
☐ Event/CITO ☐ Mystery ☐ Webcam ☐ Other _____**CACHE NAME (required):** _____CACHE LOCATION: (use the final site if multi-cache):

LATITUDE: _____

LONGITUDE: _____ COUNTY: _____

CACHE CONTAINER DESCRIPTION: (size, color, container description)

GEOCACHE WEBSITE ADDRESS: _____

ADDITIONAL INSTRUCTIONS (if needed):

_____IF MULTICACHE, LIST ADDITIONAL WAYPOINTS AND DESCRIPTIONS:

(List additional information or waypoints on back page)

**RETURN THIS FORM (IN PERSON) TO THE APPROPRIATE
STATE PARK OR FOREST OFFICE****Placement of a geocache is not permitted until approved in writing by the Department.**